

Testimony of Ted Doolittle
Office of the Healthcare Advocate
Before the Insurance and Real Estate Committee
Re HB 5208
March 1, 2018

Good afternoon, Senator Larson, Senator Kelly, Representative Scanlon, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Ted Doolittle, Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I appreciate the opportunity to comment in support of HB 5208, AAC Mammograms, Breast Ultrasounds and Magnetic Resonance Imaging of Breasts. This bill represents an important modification of existing statute to promote the intent and promise of the law. While the inclusion of ultrasounds as a covered benefit has long been required in this state, the cost sharing protections associated with other preventive, screening services has not. It is very common for women who have routine breast mammograms to require additional imaging studies, like an ultrasound, to make a definitive diagnosis should there be dense breast tissue, which mammograms cannot effectively penetrate. The spirit of the law, which promotes access for early identification and treatment of breast cancer, was stymied by the existing language, which limited applicable co-pays to \$20, but permitted the charges to be applied to the member's deductible. This resulted in countless women receiving bills for hundreds of dollars for a service they believed was a necessary part of

their preventive, breast cancer screening exam. As a result, many women now forgo this important screening test.

HB 5208 merely eliminates this financial barrier to what is otherwise acknowledged to be a highly cost effective tool to manage women's healthcare risks.

Thank you very much for your persistence and commitment to this timely and important issue. If you have any questions concerning my testimony, please feel free to contact me at ted.doolittle@ct.gov.

buying a reduced plan fully and completely understands coverage that at best may be sparse or limited, and at worst could be illusory coverage. The current bill does not contain the needed protections. If the Committee were to add a strong set of additional consumer protections, OHA could become supportive. The needed protections, all of which should be in accessibility-tested language, would include at a minimum:

- 1. No surprises protections: Clear, detailed notice to consumers about the scope of coverage of any plan, including a listing of the otherwise statutorily mandated coverages or providers that are not included in the plan. This should include some mechanism to document that the consumer not only was provided access to information about the coverage limitations, but that the consumer in fact had an actual understanding of the proposed coverage limitations. This would require some detailed process, such as separately initialing or signing a series of statements detailing each coverage limitation (such as each essential health benefit or mandate that was excluded) compared to a 2017-era ACA-compliant plan;
- 2. All-in cost information: Comparison of the cost of the limited coverage plan with the cost and coverage of a statutorily compliant plan, including an explanation of the financial subsidies that may be available for buying an ACA-compliant plan, as wells as an accessible explanation of the likely non-premium costs of the plan the consumer must demonstrate an understanding of all the potential costs of the plan, not just the monthly premium;
- 3. Full plan information: Consumer access to the full plan document *before* they purchase a plan; and
- 4. The addition of misrepresentation of a plan as a qualifying event for consumer selection of new plan outside of open enrollment.

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